

Are you being manipulated ?

BAN TOBACCO ADVERTISING,
PROMOTION AND SPONSORSHIP

WORLD NO
TOBACCO DAY

31 MAY

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World Health
Organization

Publishers: Society for Community Health Awareness Research
and Action (SOCHARA) and State Anti Tobacco Cell (SATC)

Opinions and views expressed in this booklet are those of
the authors themselves and not of the publishers or editors.

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Cover page design and printing by:

Comfort prints : 97311 31270

From the Editors' Desk

Tobacco use is the single most preventable cause of death globally. Every year, **May 31st is observed as World No Tobacco Day (WNTD)**, to highlight the health burden associated with tobacco use and advocating for effective policies to reduce tobacco use. A comprehensive ban of all tobacco advertising, promotion and sponsorship is required under the World Health Organization's Framework Convention on Tobacco Control (FCTC). Yet, only 19 countries, representing 6% of the world's population, have comprehensive national bans. India's Cigarettes and Other Tobacco Products Act (COTPA) 2003, under section 5, clearly articulates the following:

- Both direct & indirect advertisement of tobacco products prohibited in all forms of audio, visual and print media
- Total ban on sponsoring of any sport and cultural events by cigarette and other tobacco product companies
- No trade mark or brand name of cigarettes or any tobacco product to be promoted in exchange for sponsorship, gift, prize or scholarship
- No person, under contract or otherwise, to promote or agree to promote any tobacco product.

While the laws are in place, enforcement leaves a lot to be desired in India. On a scale of 1 to 10 (1 being least compliant and 10 being most compliant) for compliance with the provisions, **India scored 4 out of 10** according to a recent survey in 2009. It's appropriate that the theme for WNTD 2013 is: **ban tobacco advertising, promotion and sponsorship (TAPS)**.

The ban on direct advertising of tobacco products is implemented effectively in urban pockets of the country. Nevertheless, direct advertising, particularly of smokeless tobacco products like gutkha and pan masala, feature in newspapers, public transport, kites, calendars, and at the tobacco vendors. The ban on indirect advertisements of tobacco products has suffered serious setback due to legal challenges and poor enforcement. Indirect advertising of tobacco products is rampant in all forms of media and feature regularly in newspapers, television, public transport, billboards, magazines, and in market places. In India, cigarette companies engage heavily in using surrogate advertising and brand stretching -- the proverbial "wolf in sheep's clothing". Tobacco companies, through their surrogate products, sponsor events such as fashion shows, music, sports events, and bravery awards which are in turn promoted through the mass media.

To mark the WNTD 2013 activities in Karnataka, partners in health from across different organizations in Bangalore, have come together to improve public awareness on tobacco control in general, and banning TAPS, specifically, through this informative booklet. Mr Madan Gopal, I A S, Secretary-Health, Govt of Karnataka, in the foreword to this booklet, provides a crisp note on tobacco-attributable ill-health and appeals for tobacco control for a healthy India. Mr V.B.Patil, I A S ,the Health Commissioner, Govt of Karnataka, highlights the opportunity provided by WNTD to wean youth away from initiation of tobacco use. Dr Prashantha Kumari, Secretary to the State Anti-Tobacco Cell, shines a light on the close link between tobacco and poverty that is very contextual for our nation.

Drs Hebbar and Bhojani, present a state-of-the-art situational analysis of TAPS presently in India and are upbeat about the potential opportunities for avoiding manipulation by the tobacco industry in the future. Dr Pradyumna, provides a scholarly account of the harmful effects of 'second-hand smoking' or 'passive smoking'. Dr Vishal Rao, draws from his clinical experience as a cancer specialist to draw our attention at a personal level to the major problem at hand – that of prevention by tackling tobacco as the root cause, rather than trying to treat the myriad health problems that arise from tobacco use. Dr Vanishree, offers a simple do-it-yourself (DIY) guide on conducting an examination of the mouth for those who are or who may have someone close being a smoker or tobacco chewer, in the belief that early detection and treatment improve quality of life and longevity. Mr. Chander, in his inimitable style, provides an historical account of the Consortium for Tobacco-Free Karnataka (CFTFK), a network of about a dozen organizations from Bangalore working on tobacco control. Lastly, Drs Murthy and Chand, give an insight into the development of tobacco addiction and also offer useful tips on how to quit tobacco use including tips on handling withdrawal.

Somewhere in between are interesting first-person accounts of 'the discomfiture of a passive smoker' and a 'positively inspiring story of an active smoker who successfully quit smoking'... Evidence of the energy of school and college students....Positive role of famous personalities like sportspersons and filmstars...motivating individuals and inspiring organizations...collaboration of governments and NGOs...stories from India and China....plain language and medical jargon....sad stories and hope for the future! All in all, a smorgasbord of information!
Here's to a tobacco-free future!

Editors

Mr. S J Chander, SOCHARA-SOPHEA, Bangalore
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31st May 2013



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Foreword

Karnataka being the seventh largest State in India geographically has achieved great endeavours in the field of health, family welfare, maternal and child health and communicable diseases. However, non-communicable diseases have been a great challenge to mankind owing to its burden on human life. In this context, tobacco control plays a pivotal role in improving people's health and quality of life.

Tobacco kills around 10 lakh people in India every year. This is more than the combined deaths due to HIV/AIDS, malaria and tuberculosis. To combat the public health challenge posed by tobacco, there is an urgent need to have a strong and effective tobacco control measures in the State of Karnataka.

The World Health Organization's initiative of celebrating World No Tobacco Day on 31st of May every year is a step taken to promote a tobacco-free world and educate people especially youths on the ill effects of tobacco consumption. This booklet released on World No Tobacco Day conveys a message to the people of Karnataka on the ill effects of tobacco consumption and various control measures available to combat tobacco related diseases. In this regard, I appeal all the readers to pledge to live a tobacco-free life and thereby build a stronger and healthier nation.


(Madan Gopal. M)



V. B. Patil, I.A.S.,
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Message

Every year, on 31st May, World Health Organization and partners everywhere mark World No Tobacco Day, highlighting the risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption. Tobacco use is the single most preventable cause of death globally and is currently responsible for killing one in 10 adults worldwide. More than 80% of these preventable deaths will be among people living in low and middle income Countries.

The ultimate goal of World No Tobacco Day is to contribute to protect present and future generations not only from these devastating health consequences, but also against the social, environmental and economic scourges of tobacco use and exposure to tobacco smoke.

The theme for World No Tobacco Day 2013 is “**Ban on Tobacco Advertising, Promotion and Sponsorship**”. Evidence shows that comprehensive advertising bans lead to reductions in the numbers of people starting and continuing smoking. Banning tobacco advertising and sponsorship is one of the most cost-effective ways to reduce tobacco demand.

This year's World No Tobacco Day celebration is a great opportunity to create awareness among various sections of the community on the need to ban tobacco advertising, promotion and sponsorship in order to prevent youths from being attracted to tobacco consumption. I wish all success to the Directorate of Health and Family Welfare Services to celebrate World No Tobacco Day 2013.


(V. B. Patil)

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Ban on TAPS! Past, present and future.

Dr. Pragati B Hebbar, Dr. Upendra Bhojani

Institute of Public Health Bangalore.

According to a World Health Organization (WHO) report on the global tobacco epidemic, 2011 - only 6% of the world's population was fully protected from exposure to the tobacco industry advertising, promotion and sponsorship tactics in 2010 which shows that much needs to be done on this front. The WHO marks 31st of May each year as the 'World No Tobacco Day'. This year aptly the theme of celebration proposed by WHO is 'Ban on Tobacco Advertising Promotion and Sponsorship' (TAPS). Evidence suggests that comprehensive advertising bans lead to reductions in the numbers of people initiating and continuing smoking. The article 13 of Framework Convention on Tobacco Control (FCTC) obligates its Parties to implement, within five years, a comprehensive ban on tobacco advertisement, promotion and sponsorship including cross-border advertising. Very few countries have lived up to implementing strict ban on TAPS within five years of agreeing to Framework Convention on Tobacco Control. India was one of the first few countries to sign (10 September 2003) and ratify (5 February 2004) the WHO Framework Convention for Tobacco Control, hence it is all the more important to strictly implement a ban on TAPS.

The Indian Act termed Cigarette and Other Tobacco Products Act (COTPA) 2003 prescribes for a complete ban on all forms of tobacco advertisements, promotions and sponsorships. However, in and on pack advertisements and point of sale (POS) advertisements are still permitted - with some restrictions. According to COTPA board specifications for POS advertisements, it should not exceed 60x45cm and should bear a health warning covering 20x15cm area and saying "Tobacco Causes Cancer" or "Tobacco Kills", no brand pack shot, brand name of tobacco product or other promotional messages are allowed to be displayed.

Some of the Common violations of TAPS are as follows

ADVERTISING:

Indirect/ surrogate advertisements, (brand stretching/brand sharing)
Eg: Use of similar imagery, logos etc. for tobacco products (gutka) and non-tobacco products (pan masala)

Point of sale (POS) advertisements – Commonly entire kiosks/small shops are seen bearing famous tobacco company brand names and logos.

Direct advertisements - The enforcement of ban on direct advertisements is also occasionally violated by pasting advertisements on private vehicles and autos etc.

PROMOTION and SPONSORSHIP:

A conflict of interest exists here as Indian Tobacco Board a Government of India body has a mission of "To strive for the overall development of tobacco growers and the Indian Tobacco Industry" which is in contrast with the article 13 of FCTC regarding promotion of tobacco.

Some examples for sponsorship include

- Red and White Bravery awards, now renamed as Godfrey Phillips Bravery awards as part of company 'CSR initiatives' wherein often Government officials hand over the awards.
- ITC Milky Magic Contest in Tamil Nadu targeting 4th to 9th std children. Award distribution by famous sports celebrities.
- Four Square Cigarette singing competition in Tamil Nadu, which was later banned.

Issues relating to ban on TAPS in the State:

A Global Tobacco Networking Forum in Bangalore was sponsored by Indian Tobacco Board a Government of India body. The Karnataka High Court ruled in favour of Institute of Public Health (IPH) by ordering the Tobacco Board to stop its sponsorship of GTNF 2010 and banned all government officials from attending the conference. IPH also developed and presented a code of conduct (Public Policies and the Tobacco Industry - Upendra Bhojani, Vidya Venkataraman, Bheemaray Manganawar, Economic and Political Weekly Vol - XLVI No. 28, July 09, 2011) to the Karnataka High Court focusing on primarily bringing about transparency in the interactions of Government officials with tobacco industry members. The other aspects that the code of conduct touches upon is regarding partnerships or contribution of government officials in

tobacco industry events, declaration of any affiliations with tobacco industry, denormalizing the so called 'Corporate Social Responsibility' CSR activities of tobacco industry and avoiding preferential treatment to the tobacco industry. The state is yet to accept and implement this code of conduct and hence advocacy efforts are on for the same.

The way forward:

The other sections of COTPA such as section 4 addressing prohibition of smoking in public places and section 6 addressing limiting access of tobacco to minors subdivided into section 6a and 6b have received substantial attention. IPH has closely worked in the past and continues to do so with the Home department for strict implementation of COTPA section 4. Through sustained advocacy efforts the COTPA violations of section 4, 5, 6a, 6b and 7 has been included into the monthly crime record (MCR) by the home department. The education department has also started an online reporting system where section 6b violations are reported.

Somehow section 5 of COTPA pertaining to TAPS has not received the similar attention as the other sections. Through this World No Tobacco Day awareness needs to be spread among the civil society as well as the media regarding what is allowed and what is not allowed as per the national and international laws and Acts with regard to tobacco advertising promotion and sponsorships. Advertising is a very powerful tool to attract the youth to take up tobacco habits. If children initiate such harmful habits at younger age the addiction is much stronger and quitting becomes all the more difficult. Still a lot needs to be done to make the state and the nation tobacco free but with sustained efforts of the consortium in this direction a tobacco free future is something that we all can surely hope for.

Hardly a personal thing – impacts of tobacco on “others”

Dr Adithya Pradyumna,

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If you're not a smoker, you may remember many instances that made you uncomfortable around people smoking. I do. For instance, that one time when a cute German exchange student inadvertently blew some smoke in my direction and I almost fell back in repulsion, surprising her in the process.

Discomfort may be overtly expressed by vigorously shaking your hands to shoo the smoke away or by covering your nose and throwing a dirty stare at the smoker, but “discomfort” is only the superficial aspect. There is a health impact of environmental tobacco smoke (ETS), commonly known as passive smoking, which is rarely acknowledged. ETS contributes to the negative health externalities of tobacco consumption – that is, the smoke generated by cigarette/beedi consumption also impacts other persons besides the consumer. There are also indirect health impacts of tobacco consumption arising from the massive environmental impact of growing and processing tobacco, which will be discussed later.

Several studies have been conducted over the years to estimate the health effects of passive inhalation of ETS at homes and workplaces. These show that ETS increases the risks among non-smokers for the same health conditions that smokers are prone to, but at relatively lower levels. The health problems include the increased risk of lung cancer (by up to 30%), heart disease (up to 30%), stroke (up to 82%), chronic respiratory symptoms and low birth weight. These become significant because of the size of the exposed population which includes vulnerable groups such as children and pregnant women. Non smoking women exposed chronically to ETS showed a 15% increase in dying of heart disease compared to non smoking women not exposed to ETS. In the UK it was seen that 40-60% of children were exposed to ETS, making them vulnerable to exacerbation of asthma (9% of cases), middle ear disease and lower respiratory infections (25% of cases), among other things. These stats wouldn't be very different in India as the prevalence of smoking is 30% among adults. There is a need for persistent efforts to stop exposure to ETS, especially for children.

And this is not all. What is perhaps the greater impact is the indirect one, affecting people far removed from ETS. Globalisation has led to the shift of tobacco industry (cultivation and processing) to developing countries,

which have made cigarettes available at relatively low costs. These relatively low costs are made possible through the subsidies provided by tobacco workers (by loss of health), by the local communities (loss of forest resources), and by people worldwide (who are impacted by climate change due to deforestation). Tobacco cultivation and processing is associated with deforestation and soil degradation. There is pressure to expand into forest lands, and the demand for wood for the tobacco curing process is also on the rise. Forest fires are not the only way cigarettes destroy forests after all! And as tobacco is a plantation crop, a heavy dose of chemicals is used to maintain it, leading to soil degradation too . Workers do not regularly use safety equipment while handling chemicals (during cultivation) or tobacco (during processing) leading to harmful exposure. In several instances, children are involved in rolling beedis which impacts the physical and mental health of this vulnerable group in many ways. These are just some examples.

While these health impacts are not immediately apparent, they very much exist and it is something that smokers should acknowledge. It is the demand for tobacco that drives these impacts. And it is important that non smokers too are aware of these effects they face, which should hopefully encourage them to advocate for their health and environment through demand reduction and better regulation of tobacco production and consumption for a smoke-free world tomorrow.

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Tobacco and Poverty- A vicious circle

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Tobacco and poverty create a vicious circle. Studies have shown that in the poorest households in many low-income countries, spending on tobacco products often represent more than 10% of total household expenditure. As a result, these families have less expendable income for necessities such as food, education and health care. Thus, in addition to its direct health effects, tobacco leads to malnutrition, increased health-care costs and premature death. Viewed from this perspective, tobacco may also contribute to a higher illiteracy rate, since money is spent on tobacco instead of education. Some street children and other homeless people in India spend more on tobacco than on food, education or savings. Tobacco and poverty is a vicious circle, through which tobacco exacerbates poverty and poverty is also associated with higher prevalence of tobacco use. Studies from different parts of the world have shown that smoking and other forms of tobacco use are much higher among the poor.

(Source: Tobacco free initiative- WHO)



If a person spends Rs 10 per day for purchasing tobacco products, they are losing Rs 300 per month and Rs 3650 per year. If saved, this lost money could bring them wealth of Rs 80,000 in 10 years and Rs 3 lakhs in 20 years.

If one uses tobacco, treatment of tobacco-related diseases may cost them lakhs of rupees. One can eat nutritious food and educate their child by saving the money spent on tobacco products. They can even buy a dream vehicle and house with that money. On an average, the wealth loss due to a monthly expenditure of Rs 100 for tobacco products over 10, 20, 30 and 45 years could be Rs 26,000, Rs 97,000, Rs 2.78 lakh, and Rs 10 lakh respectively. (Source: STEPS Tobacco Control Program)

In many countries, workers spend a significant portion of their salaries on tobacco. The following table shows the amount of time that workers in selected countries would have to work in order to pay for a pack of Marlboro or local brand cigarettes and the equivalent amount of time that it would take to buy bread or rice instead.

Required work time to buy cigarette pack Vs bread or rice (selected countries)

Country	Marlboro	Local brand	Bread (1kg)	Rice (1 kg)
Brazil	22 min	18 min	52 min	13 min
Canada	21 min	17 min	10 min	11 min
Chile	38 min	33 min	19 min	25 min
China	62 min	56 min	103 min	47 min
Hungary	71 min	54 min	25 min	42 min
India	102 min	77 min	34 min	79 min
Kenya	158 min	92 min	64 min	109 min
Mexico	49 min	40 min	49 min	25 min
Poland	56 min	40 min	21 min	23 min
United Kingdom	40 min	40 min	6 min	8 min

Source: Guindon GE et al. Special Communication. Trends and affordability of cigarette prices: ample room for tax increases and related health gains. *Tobacco Control*, 2002,

As per the table mentioned above, a cigarette smoker in India has to work for nearly 77 minutes a day to buy just a local brand of cigarette pack which is much higher work time when compared to other Countries except for Kenya. At the same time, the money earned during this work time can be diverted to purchase a kilogram of rice which can feed the smoker's entire family for a day.

India is a developing country and most of its citizens do not have adequate resources to spend on tobacco products on a daily basis and to further spend on related costs such as sickness absenteeism and health expenditure incurred due to tobacco related diseases. One of the most effective ways to prevent our people from being poverty stricken is to enable them stay away from the dreadful habit of tobacco consumption.

Tobacco or health – A change in perspectives for Indian health care

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and Cancer Institute, Department of Head and Neck Surgical Oncology

Over the decades much has been heard and spoken on tobacco and its ill effects time and again. Now let me put across my perspectives on this problem as a head and neck cancer surgeon.

The question a lot of readers may wonder is - Why is this doc so concerned about tobacco issues? *Well, a doctor may save more lives by indulging in tobacco control for several hours than by treating the diseases caused by tobacco for a lifetime!*

Although most of us are quite aware of the perils of tobacco consumption, today in India we have close to 300 million tobacco consumers. Every year more than 30-40 lakh people in India fall prey to diseases of the heart, lung or cancer owing to this deadly habit. Is this number not large enough for us as citizens to wake up and ask ourselves and government to take necessary steps to curb this?

The health care system in India is largely governed by the private sector (80%) which means a person who reaches out to embrace these habits, eventually ends up spending from his own pocket to treat the illnesses caused by this substance abuse. This further leads to increase in the financial burden to him and his family. Let's stop here and look into what costs does the common man bear as a price of his addiction.

Although tobacco affects every cell of the body, the 3 main illness caused by tobacco consumption are heart diseases, lung disorders and cancer. Rath and Chaudhry way back in 1999 through an ICMR study showed that the average cost incurred to treat these disease were rupees 3,50,000, 29,000 and 23,300 respectively. This is a serious concern for the citizens of this country where 80% of our population resides in villages and 75% of our population has a PPP (purchase power parity) of less than 2\$ per day. How do we expect this common man to bear with the increasing costs of health care and why should he pay this price?

Well the government says the economy needs tobacco! Revenue from taxation, exports and employment (agriculture, advertisement, vendors)

are important for fiscal gains. The government on an average earns 9000 crores from taxes and exports on tobacco, but the expenditure on health diseases caused by tobacco is of the order of 30,000 crores (taking only 3 main diseases into consideration!). This comprises 1/4th of India's expenditure on health.

As a doctor, we often observe, that it is not only the patient who undergoes the treatment but also his entire family which bears the brunt both emotionally and financially. Furthermore, lots of these patients do not have accessible health care in the villages and hence need to move to town or cities with better facilities. Annually, India registers 1 lakh new cases of cancer and tobacco consumption is implicated in almost 50% of these cancers in general and 95% of head and neck cancers. Cancers of the head and neck include areas of the body such as mouth, throat, voice box or food pipe which take care of vital functions such as speech, swallowing, breathing and also maintain cosmesis. Hence cancer afflicting these areas kills the very life force of existence. As a cancer surgeon, dealing with these cases on a daily basis, involves surgically removing a patients jaw, tongue, throat or voice box, which may not be gratifying, more so when the thought crosses your mind that these cancers were caused voluntarily. The fact remains that these mutilating surgeries could have been avoided. Despite advances in technology science has not been able to significantly improve the cure rates or add years to life, in these cancers caused by tobacco. Yes, this is true! Some may ponder, why so, even after man has scientifically advanced in this jet age? Well, expecting any technological advancement to improve outcomes is like letting a man consume poison and then looking for a new antidote. Isn't this imprudent? Precisely, that is we have been witnessing all these years. **“Trying to find a new antidote –**

Rather than quitting the poison!”

I have always practiced a simple principle in medicine, “Treat the cause and not only the effect”. Thats right!! For instance, if any one of you is diagnosed with fever, would treatment with paracetamol only suffice? Naturally NO. Fever is the effect, the cause of which may be malaria, typhoid, dengue, H1N1 etc. Hence it is mandatory to treat the cause too. Similarly, treatment for these cancers, whatever is the modality; surgery, chemotherapy or radiotherapy, aim at treating the effect- CANCER after

Similarly why not look at the lakhs of heart diseases, lung disorders or several such diseases caused by tobacco and develop the same preventive outlook. Rather than treat these diseases by medications, surgery or other treatments, let us say no to tobacco and embrace life!

One of my patients a 30 year old gentleman, working in a software company was diagnosed with tongue cancer owing to tobacco consumption. The diagnosis of cancer came in as a shock to his family and his wife whom he was married to for a year. The patient was diagnosed at such an advance that despite chemotherapy and radiotherapy the tumour spread could not be controlled. Towards the end, the tumor has spread to the neck and started to show in his skin over the neck. All we could do was helplessly watch the young man go into the jaws of death. He bled to death in the hospital room on one fateful day. I still recall his words to me – Doctor, I got cancer because I consumed tobacco, but I quit the habit a year back after I was married. What wrong did I do to deserve this? He left behind him a devastated family and a young widow. This was the story of one of the million bread winners.

Here is a good old Chinese story that I came across in an article called 'Reconnecting with peace' by **Marguerite Theophil in the times of Ideas** which may be relevant:

Long ago, there lived a man with three sons, who all became doctors, but only the youngest son became famous throughout the land. Patients from far and wide, considered to be beyond hope, would go to him and be cured.

Someone asked their father, "All three of your sons are doctors, yet how come only the youngest has become so famous?"

He replied, "This son of mine can cure people even at the point of death, so naturally, everyone knows him. But, my middle son can detect and cure sickness before it grows too serious, so there are only few who know him. And my eldest son takes such good care of people's health that they rarely get sick at all, so he remains unknown.

My youngest son's name may be better known than the other two, but I believe the skill of my other two children is equal to if n not far greater than his."

Effects of tobacco on oral health and importance of self examination

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Introduction:

Tobacco is derived from the species of the plant of genus Nicotina. Use of tobacco has been a part of Indian cultural system. Tobacco leaves are subjected to different types of curing and are processed into various forms of smoked and smokeless tobacco like bidi, cigarettes, zarda, mawa, gutka, mishri, khaini, gudakhu etc. In certain areas of Andhra Pradesh, Vishakapatnam etc reverse smoking is practiced where in the lit end of the cigarette is placed within the mouth. This is more detrimental to oral health. Other than this tobacco is also used along with hookah especially in areas where there is mughal influence.

Epidemiology:

It has been reported that the consumption of tobacco has reached the proportions of an epidemic. WHO reports suggest that tobacco kills nearly 6 million people each year, of whom more than 5 million are from direct tobacco use and more than 600 000 are nonsmokers exposed to second-hand smoke. Approximately one person dies every six seconds due to tobacco and this accounts for one in 10 adult deaths. In men, oral cancer is the eighth most common cancer type globally. Tobacco smoke is known to contain more than 43 cancer producing agents. Nevertheless smokeless tobacco like snuff and chewable tobacco also contains high amounts of cancer producing agents. In the present days the use of smokeless tobacco has increased as compared to use of smoked form of tobacco. Tobacco use in the past decades was observed only in males, however in the recent years tobacco is being used even by females.

Effects on Oral Health

Tobacco use promotes the development of gum diseases where in there is loss of supporting bone due to which teeth may become mobile and be lost at earlier age resulting in disturbance of the masticatory function of the mouth. Smoker is 5-20 times at higher risk of developing gum disease as compared to a non smoker. Gum disease in later stages results in exposure of root which in turn may increase risk of root decay. Nicotine present in tobacco weakens the defense system of the person thus increasing the risk of bacterial infections from microorganisms in plaque (deposit on tooth). Halitosis (foul smell in the mouth) is another problem faced due to use of tobacco. Both smoked and smokeless form of tobacco are the agents responsible for the development of cancers of the mouth and pharynx. Tobacco use also causes a delay in healing of wounds like extraction socket, surgical wounds in the mouth etc mainly as it affects the salivary and serum immunoglobulin and also because of reduced oxygenation to tissues in case of smokers.

Smoking of cigarettes can result in failure of treatments like dental implants mainly due to inflammation in the area surrounding the implants. Smoking during pregnancy increases the risk of development of cleft lip and cleft palate. Long term smoking can result in a condition known as smokers palate where there are changes in the skin of palate, which appears diffuse white having red dots present on elevated nodules in the lesion. Another condition commonly seen in tobacco and betel nut users is the occurrence of stiffness in the oral mucosa (skin of the mouth) resulting in reduced opening. This condition is accompanied by burning sensation in the mouth. There can also be reduction in the movements of tongue. In addition tobacco use may result in development of white patches in the oral cavity called leukoplakia which is a precancerous lesion (lesion preceding the development). The lesion may be smooth, fissured or nodular. The white lesions may at times be interspersed with red lesion and the condition is known as erythroplakia which carries more risk of turning into oral cancer. The risk of mouth cancer is still higher when the person uses alcohol along with smoked form of tobacco. Smoking leads to mouth cancer mainly due to carcinogens (cancer causing agents) present in cigarette, drying of the mucosa by the high intra-oral temperature, pH change, alteration in immune response, or altered resistance to fungal or viral infections.

Pipe smoking has been associated with wear of tooth (loss of the surface layer of the tooth). Smokers melanosis can be seen in smokers which results in pigmentation of the skin of the mouth due to increase in production of melanin. Smoking also results in black/brown discolouration of teeth, restorations and dentures. There can be alteration in the taste sensation. Smokers are also more prone for fungal infection known as candidiasis which presents as white scrapable patch in the mouth.

IMPORTANCE OF SELF-EXAMINATION:

Thousands of Indians are diagnosed every year with life threatening oral cancer. On a positive note, when detected early, this disease has an estimated 80 per cent survival rate. Learning to recognize abnormal conditions in your mouth and performing routine self-examinations are important detection measures and could even save your life. It's important to learn to recognize the normal healthy condition of your own mouth so that you can detect abnormal conditions and report anything unusual to a dental professional or a medical specialist.

MONTHLY SELF-EXAMINATION ROUTINE

Perform oral cancer self-examination if any of the following symptoms are present:

1. Difficulty in chewing or swallowing.
2. A chronic sore throat or hoarse voice that does not heal.
3. Red patches in the mouth or on the tongue.
4. White patches in the mouth or tongue.
5. A lump or overgrowth of tissue anywhere in the mouth.

Supplies needed: flashlight, small mirror (optional), piece of gauze, wall mirror

Look at yourself in the mirror – both sides of your face and neck should look the same. Press along the sides and front of the neck and feel for any tenderness or lumps. Do the same on your face. Normally, your face and neck are symmetrical so notice any bumps or swelling.



Pull your upper lip up and look for any sores and color changes on your lips and gums. Repeat this on your lower lip.



Use your fingers to pull out your cheeks and look for any color changes such as red, white, or dark patches. Put your index finger on the inside and your thumb on the outside of your cheeks to feel for any lumps. Repeat on other cheek.



Tilt your head back and open your mouth wide to see if there are any lumps or color changes.



Grab your tongue with cotton gauze and examine for any swellings or color changes. Look at the top, back and each side of your tongue



Touch the roof of your mouth with your tongue and look at the underside of your tongue and the floor of your mouth.



See if there are any color changes or lumps. Use one finger inside your mouth and one finger on the outside corresponding to the same place and feel for any unusual bumps, swelling, or tenderness.

The story of a network working towards a tobacco free Karnataka

S J Chander, SOCHARA- SOPHEA

The World Health Organization (WHO) has organized 'World No Tobacco Day' since 1989, with various themes every year. The preparatory process for developing a Framework Convention on Tobacco Control (FCTC) commenced in 1995, and in 1999 the WHO began negotiations with the member countries. The FCTC was adopted by the World Health Assembly in 2003 and came to force in 2005. This led to greater awareness generation on ill effects of tobacco among various sections of the society, particularly among the health care professionals.

In Karnataka various community health organizations; institutions including medical, dental and other health science colleges; and professional associations worked on tobacco control in diverse ways. SOCHARA was involved with the WHO efforts since the late 1990s. This linkage moved us beyond health education alone to understanding the entire 'Tobacco Cycle' from cultivation to consumption. Since 1999 collective efforts were made by a few health institutions in Bangalore for awareness raising events in different parts of the city and the state around World No Tobacco Day. The Karnataka Task Force on Health and Family Welfare deliberated on the issue in 2000-1 and held discussions with several government departments including that of Agriculture. The women's health empowerment program working in parts of 11 districts of the state through partner NGOs and self help groups with the Community Health Cell (CHC) as the state nodal organisation included a section on tobacco in 2001-2. Creative posters were developed by students from Karnataka Chitrakala Parishad in collaboration with the Community Health Cell and donors. These were used extensively for exhibitions and talks with students. Public rallies were conducted. Participating institutions reviewed and reflected about their work and the annual campaigns and this led to the birth of the Consortium for Tobacco Free Karnataka (CFTFK). In view of the alarming ill effects of tobacco; the following institutions expressed the need to form a network and carry out action to address the various issues related to demand and supply of tobacco: Society for Community Health Awareness Research and Action (SOCHARA), Bangalore Institute of Oncology (BIO) National Institute of Mental Health and Neuro Sciences (NIMHANS) and the Indian Medical Association-Karnataka Chapter. Later on many more institutions have joined the CFTFK.

Advocacy issues addressed

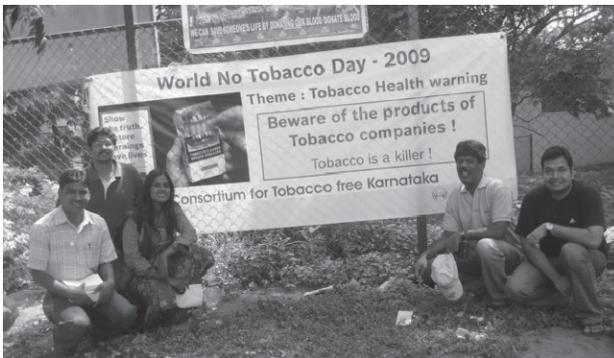
While the negotiation process for FCTC was being carried out by the WHO, the Karnataka government initiated the process for THE KARNATAKA PROHIBITION OF SMOKING AND PROTECTION OF HEALTH OF NON-SMOKERS ACT, 2001 which was notified in 2003. CFTFK wrote to the health minister for framing rules for implementation of the Act. In the same year Government of India announced 'THE CIGARETTES AND OTHER TOBACCO PRODUCTS (prohibition of advertisement and regulation of trade and commerce, production, supply and distribution) Act 2003' (COTPA) following which CFTFK wrote to the union health minister urging her to ban all forms of advertisement of tobacco products especially those targeting children. A memorandum was also submitted to all the Members of Parliament in Karnataka to support the safe passage of the above Act in Rajya Sabha. CFTFK facilitated the process of 'Students Action Against Tobacco' by college students in Bangalore to appeal to the minister for education to take action to protect them from aggressive marketing strategies of tobacco companies. In the year 2004 CFTFK mobilized over 10000 signatures and submitted a memorandum to the Governor of Karnataka for urging the state government to implement both the Acts mentioned above. In the year 2006 CFTFK organized a panel discussion with senior officers from police, law and health department, focusing on lapses in implementing the COTPA Act. Justice Malimath was the chief guest for this event.

Awareness campaigns

Bangalore city witnessed for the first time tobacco awareness banners and wall posters in some of the prime localities during the 2001 campaign. These banners carried messages such as 'Tobacco Kills- Don't be duped' and 'Tobacco Contains over 4000 poisonous substances'. The public awareness rallies always included celebrities from the film industry and sports. Some of the movie stars who supported the campaign are: Late Shri Vishnuvardha and his actress wife Smt. Bharathi, comedian Shri Shivram, Mrs. Jayanthi and Mr. Narendra Babu. Sports stars who supported the campaign are: swimmer Ms. Nisha Millet, Ms. Ashwini Nachappa, and Cricketer Rahul Dravid.

The year 2002 focused more on mobilization of students' body across the city. St Joseph, Christ and Baldwin PU colleges played a key role in organizing public rallies and awareness programs within the colleges. The campaign in 2003 was supported by the network of organizations working with street children. Rag pickers Development Education Society (REDS) played the lead role. The children gathered on M G Road and appealed to the leading film actors who were promoting tobacco advertisement to abstain from it.

The 2004 campaign was unique as CFTFK organized many public awareness programs preceding the WNTD program. First time people at the railway stations and bus stations in Bangalore and Mysore witnessed public awareness program on tobacco. A special program was street children in the city were organized through a magic show and puppet show.



Untouched agenda

The efforts by the government to implement various provisions in COTPA seem reasonably good in terms of displaying the key messages of the Act such as: ban of smoking in public places and ban on sale of tobacco products to minors and within 100 meters from educational institutions. Violators have been penalized in a few places, though not all of them. Despite all these efforts it appears that the consumption of tobacco products in India does not indicate a declining trend. This is evident for the information furnished in websites of tobacco companies which reports an increase in both production and sales. It has been observed that the COTPA does not fully comply with FCTC recommendations. One of the key measures recommended by FCTC for supply reduction is to shift tobacco cultivation to other economically viable crops in a phased manner. The work of the Center for Multidisciplinary Development Research (CMDR) in Dharwad and other institutions across the globe shows that there exists the possibility of tobacco farmers shifting to alternate crops or finding alternate livelihood options. It is evident that no efforts are taken to implement this measure and there is a need for advocacy towards it. Tobacco consumption has gained wide social acceptance for many years now. While the information on harmful effects of tobacco is reaching the public, it is important that we further engage society through social mobilization to reject tobacco and to put pressure on the regulatory systems for effective implementation of COTPA.

I would like to close with the words of Dr. C M Francis, founder president of SOCHARA 'if tobacco is allowed to grow, there will be pressure to sell it hence, reduction in tobacco cultivation is an important step towards changing the trends in both demand and supply of tobacco'.

Why and How I Quit Tobacco

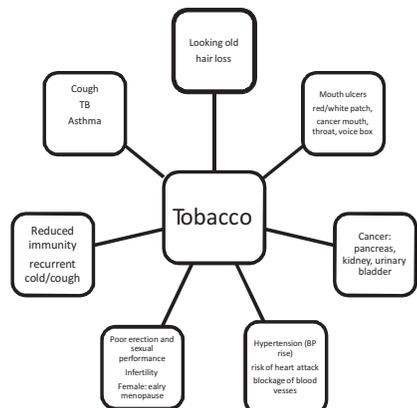
Dr. Prabhat Chand and Prof. PratimaMuthy
Tobacco Cessation Clinic, Centre for Addiction Medicine,
NIMHANS, Bangalore

“I used to work for a big company and used to travel frequently. The work stress was very high. With work stress and travel, my smoking increased rapidly. It became three packets per day and continued till till I was 45 years old. One evening while watching television, I had sudden chest pain and breathlessness. The pain was very much and I could not breathe. I did not know what happened after that. When I woke, I was in hospital with so many tubes, needles around me. The doctor told me I had a massive heart attack. I could not believe him as I am neither a hypertensive (BP) nor diabetic nor obese and I have been physically fit. Then the doctor asked me “do you smoke?”. He also advised me to quit smoking completely or else the chance of another attack would be very high. I stopped from that day onwards. I stayed in hospital for a bypass operation (open heart) as there were seven blocks in my heart vessel. Now I am 84 year and healthy. I wish I had not started smoking or that someone had advised to stop smoking. Still I feel proud that I could kick the habit.” (A True story)

Tobacco is the most addictive substance known to mankind. Its use, either as smoking or in the smokeless form, is common among both men and women. In view of its chemical nature, its regular use leads to nicotine addiction. When a person gets addicted, there is a constant urge to smoke or chew and feeling of uneasiness, restlessness in the person upon stopping use. Some people use tobacco in certain situations like after coffee/lunch/dinner, while driving, when tense or angry etc. Use of tobacco provides a sense of short-lived relaxation. The use increases over time and person develops physical problems.

What will happen if I continue using tobacco?

It is an irony that tobacco related advertisement is popular every where whereas its harmful effects are not. People may know that tobacco use is harmful but are often ignorant about the range of health hazards. Tobacco use can involve all the systems of the body and can cause serious harm.



What benefit will I get if I quit tobacco?

A person often thinks, “I don't have any physical problem or illness... what is the benefit I will get from quitting tobacco. In fact, using tobacco improves my mood and is helping me to work better”. It is important that quitting tobacco at any point of time is beneficial. In fact, the best benefit is probably got by such a person who has not developed any tobacco related problems and can prevent such problems in the future. It is also better to quit before addiction develops, as the struggle to quit is much more once addiction develops. The benefits of quitting occurs not just in physical health but also in psychological health i.e. there is a feel good factor that the person has been able to overcome tobacco use. At the same time, immediate family members and friends are also saved from the dangerous effects of passive smoking.

By quitting Smoking	By quitting Chewing
<i>By 1 day</i> BP and heart rate become normal. Carbon monoxide (toxin) reduces. Chance of heart attack reduces	Dental staining and mouth ulcer comes down Opening of mouth becomes normal There is no further tooth decay
<i>By 3 months</i> Breathlessness decreases Fertility improves	Risk for pre-cancerous lesions like leukoplakia or erythroplakia reduces
<i>By 5 to 15 years</i> Risks of lung cancer, coronary artery disease and stroke reduce to levels of that of a non-smoker.	

How do I quit tobacco?

There are various ways in which a person can quit tobacco. These approaches are used regularly and found to be useful.

1. *Understanding that nicotine is addictive.*
2. *Fixing a Quit date: Fix a date from when you want to quit completely. It can be from the present day itself. Do not fix a date which is too far. Once you quit there are chances of nicotine withdrawal symptoms like irritability, restlessness, sleep disturbance etc. These are normal in nicotine withdrawal and very mild. These will go away in a few days. These withdrawal symptoms will be more intense in the first two to three days and gradually come down. At this time there will be an increased urge to use tobacco. One can fight these urges with simple techniques that are described below.*
3. *Handling the urge (craving): It is important to understand that the urge for tobacco will remain for the next 3-6 months and perhaps even longer. In the first three months it will be most intense. Each time the urge for tobacco appears, you need to learn the technique to handle it. Also remember that the intensity will come down with time as one remains tobacco free.*

Techniques to help withdrawal and urges after you stop tobacco

- Remind yourself that withdrawal will last only a few days. The symptoms will appear like a mild flu and disappear by themselves.
- Take each day at a time.
- When the urge comes, remember it will stay only for a few minutes and then go away.
- For many, keeping something in the mouth, like a clove, cardamom, fennel seeds or chewing gum is very helpful when there is craving.
- Keep the hands busy – wash vessels, wash clothes, water the plants, squeeze a ball
- Eat a healthy diet; Get enough exercise and Learn to relax.
- Avoid situations that cause temptation. (i.e. tobacco user friends)
- Remind yourself the benefits that you have got or will get by quitting tobacco

Medications

- Nicotine replacement therapy
i.e. nicotine gums
 - Others : varenicline, bupropion,
clonidine. nortrvntiline etc.
-

1. *Medication* As mentioned before, nicotine use is very addictive. Use of medication facilitates the quitting process and in staying away from tobacco. The medications normally help people who are heavy tobacco users or need tobacco the moment they get up, or if they find it difficult to handle craving (urges).

These medications need to be taken under advice of a doctor. The role of medications is to assist in the quitting process. They are not a substitute for your effort to quit. Studies show that the chance of successful quitting increases upto 5-6 times with medications. Your decision to quit, the lifestyle changes that you make to avoid tobacco use (avoiding alcohol, eating well, exercising, learning other ways of relaxation and stress reduction) are important in quitting and medications would further help you in your decision if you are addicted and your craving is strong.

Conclusion

Tobacco use normally starts as a temporary pleasure that becomes a costly and risky pastime when it ends up in addiction or with serious medical problems. The best success with quitting is when it occurs early. However, even addicted smokers CAN quit, with sustained effort. As in the person mentioned at the beginning of the article, every quitter should be proud of kicking the habit either by self or with help as well as encourage others to quit.

Please contact Tobacco Cessation Clinic (TCC), Centre for Addiction Medicine, NIMHANS in case you want any help in quitting tobacco. Phone number: 080 26995547 (OPD: Monday, Thursday, Saturday) email: tccbangalore@gmail.com

Save lives today

Implement the Framework Convention on Tobacco Control

MONITOR

tobacco use and prevention policies

PROTECT

people from exposure to tobacco smoke

OFFER

help to stop tobacco use

WARN

about the dangers of tobacco

ENFORCE

bars on tobacco advertising, promotion and sponsorship

RAISE

prices on tobacco

The Union supports over 30 low-and middle-income countries to fulfil their obligations under the FCTC through grants and capacity building, which includes technical training based on the IMPOWER package.

www.tobaccofreeunions.org www.theunion.org